

FILED AUG 15 1941

Registration District No. _____

Primary Registration District No. 4033

Registrar's No. 82

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Sibleon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Horne's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community most of life years, months or days

3. (a) PRINT FULL NAME IRVIN Goffinett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug-16-1893 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 11 19 hr. min.

9. Birthplace Indian (Perry County) (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name IRV

13. Birthplace IRV (City, town, or county) (State or foreign country)

14. Maiden name Forentine Goffinett

15. Birthplace Indian (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Adams

(b) Address Sibleon

17. (a) Burial (b) Date thereof Aug. 7-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Gulielm

18. (a) Signature of funeral director Lambert & Son

(b) Address Campbell Mo.

19. (a) Aug 6-41 (b) Heard Macdon (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Sibleon (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13-th year 1941 hour 12 minute 300 P. M.

21. I hereby certify that I attended the deceased from Aug 5 1941 to Aug 5 1941.
that I last saw him alive on August 5 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration ?

Due to Chronic asthma

Due to 10

Other conditions Myophoria (weakness)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature S. M. Bailey M.D. (M.D. name)

Address Sibleon, Mo. Date signed 8/6/41

AUG 11 1941
AUG 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Christina M. Landess

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.